

Four Tenets and the Five Model Concept & Risks and Contraindications

- Resources – Foundations of Osteopathic Medicine, OMT Review (the green book)

Describe the Knowledge (Step 1)

- Lecture format introductory – resident or attending led
- Read and Discuss – round table discussion

Describe the Application (Step 2)

- Case studies located within Foundations Part 5 (p.873-1006)
 - Elderly and Dementia (873)
 - Uncontrolled Asthma (883)
 - Chronic cardiovascular disease (889)
 - Chronic pain and Depression (903)
 - Dizziness (910)
 - Difficulty Breathing (931)
 - Cervicogenic Headache (939)
 - Large Joint Injury (946)
 - Multiple small joint disease (952)
 - Adult with Myalgia (974)
 - Acute Neck Pain (979)
 - Rhinosinusitis (990)
 - Abdominal Pain (999)
 - Acute Low Back Pain (1006)

Applies in Common Medical Conditions (Step 3)

- Demonstration
- Simulated patient scenario
- Patient presentation
- Osteopathic Rounds
- Research ideas

Mentoring (Step 4)

- Residents lead the introductory lectures
- Residents leading the simulated patient encounters

Techniques of Osteopathic Manipulative Treatment

- Resources - Kimberley Manual, Atlas of Osteopathic Techniques, Counterstrain Approaches in Osteopathic Manipulative Medicine

Describe basic techniques (Step 1)

- Lecture style with demonstration
- Find and Fix

Describe techniques for common patient presentations (Step 2)

- Video Series presentations
 - Acute issues : Shortness of breath, Chest pain, Abdominal pain, Headaches, Musculoskeletal pain presentations
 - Chronic issues: COPD, Heart Failure, Kidney disease, Asthma
- Simulated patient scenarios
- Osteopathic Rounds

Applies knowledge of appropriate OMT techniques to formulate a patient-centered care (Step 3)

- Osteopathic Rounds
- Patient presentations
 - The 5-minute Osteopathic Manipulative Medicine Consult – Reference
- Free Clinic

Applies knowledge of advanced techniques to formulate a patient-centered care plan (Step 4)

- Advanced Techniques are reviewed in Foundations of Osteopathic Medicine Chapter 52 (Balanced Ligamentous Tension, Ligamentous Articular Strain, Facilitated Positional Release, Progressive Inhibition of Neuromuscular Structures, Functional Technique, Visceral Manipulation, Still Technique, Chapman's Approach, Fulford Percussion)
- Video Series presentations
- Advanced Technique Courses – off site typically

OSTEOPATHIC Rounds

WHO: Internal medicine interns and residents

PROCTER: Attending or senior resident

FREQUENCY: Once or twice a month

TIME REQUIRED: Typically at least two hours

PROS: Ideal for inpatient service

CONS: Requires a knowledgeable proctor

STRUCTURE: Open forum discussion of current inpatients; discuss the possible techniques for various presentations and discuss the risks and benefits of those techniques. After discussing several patient cases, then four or five patients are picked to develop a patient-centered care plan. This can include standard and more advanced techniques. The last portion of rounds includes going to visit patients and treating them with the techniques that were previously discussed.

FIND & FIX

DESCRIPTION: Training residents apply osteopathic tenets and treatments to one another in a safe open environment where discussion is allowed and inter-specialty interaction is encouraged.

WHO: Anyone

PROCTER: Residents training residents. An attending is recommended to supervise, but not necessary

FREQUENCY: Once or twice a month

PROS: Builds Confidence for Basic Techniques, Offers a chance for residents to mentor others

CONS: Unstructured and dependent on the participants

STRUCTURE: Residents, Medical Students, and Attending meet and split up with a partner. They each take time to evaluate the others musculoskeletal complaints. The residents then treat each other. There is open discussion of different techniques and residents with more advanced training can demonstrate more advanced techniques

OSTEOPATHIC DIDACTICS

WHO: Anyone

PROCTER: Anyone who has been assigned lectures

FREQUENCY: Weekly (one hour), Monthly (four hours)

PROS: Covers the entire Osteopathic curriculum and, when done regularly, is a constant reminder of what osteopathic medicine is founded upon.

CONS: Requires a curriculum (some have been developed, but most are based on the text: Foundations of Osteopathic Medicine)

STRUCTURE: Lectures, demonstrations, and Case Presentations

FREE CLINIC

DESCRIPTION: Residents have an opportunity to evaluate and treat walk-in patients in a proctored environment.

WHO: Anyone

PROCTER: Requires an osteopathically trained physician who is competent in treatment

FREQUENCY: Once a quarter

PROS: Real world application. Patients reinforce the benefits of osteopathic medicine for the residents and students. Community out-reach and

CONS: There can have lots of red tape depending upon the community.

STRUCTURE: Clinic structure for walk in patients with musculoskeletal complaints. Residents assess those complaints and generate differential diagnosis. This is reviewed with attending physician. If treatment is felt to be a benefit to the patient, then the resident treats using techniques that they feel comfortable with. No further evaluation is done in the facility, but recommendations can be made to the patient to pursue more definitive evaluation.